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# CHARLOTTESVILLE CITY SCHOOLS

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TO: Human Resources Department

FROM:

SUBJECT: Payment of Unused Sick Leave Upon Retirement

I will retire from the Charlottesville City Schools as of \_\_\_\_\_ and, in accordance with the existing policy, I am requesting payment for unused sick leave under a graduated scale based on my years of service earned in the Charlottesville City Schools.

\_\_\_\_\_ (Initials) I understand, that this payment will be deposited in a 403(b) or a 457 account on my behalf. I may access all or some of the funds at anytime following my retirement. I also understand that withdrawals from the 403(b) or 457 account are taxable.

This request is made with the understanding that this form must be completed within 30 days of the effective date of retirement and that payment can only be made during the calendar year in which I retire.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Last 4 digits of Social Security Number

\_\_\_\_\_  
Dates of Employment